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CONFIRMATION NO. 3580

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|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>09/674,710 | FILING DATE<br>01/29/2000<br><br>RULE | CLASS<br>701 | GROUP ART UNIT<br>3661 | ATTORNEY DOCKET NO.<br>P-1653-US |
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/IL99/00238 05/06/1999  
 which claims benefit of 60/084,520 05/07/1998

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/21/2001

|   |                               |                        |                         |                            |
|---|-------------------------------|------------------------|-------------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>ISRAEL | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>2425 | INDEPENDENT<br>CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                        |                         |                            |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |                               |                        |                         |                            |

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## TITLE

HANDWRITTEN AND VOICE CONTROL OF VEHICLE COMPONENTS

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>392 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
|-----------------------------------|---|--|